CITY OF SHORELINE 17500 Midvale Avenue N. Shoreline, WA 98133-4905 (206) 801-2578

COMMERCIAL (Non-Residential) SEWER USE CERTIFICATION

(To be completed for all new sewer connections, reconnections or changes of use after 12/1/90)

PROPERTY LOCATION:					
PROPERTY LEGAL DESCRIPTION:					
PROPERTY OWNER'S NAME:					
MAILING ADDRESS:					
PHONE #:				•	
FIXTURE UNITS (number of fixtures	x fixture units	s = total fixture i	ınits <public or<="" td=""><td>private>)</td><td></td></public>	private>)	
Type of Fixture	Fixture Units		No. of Fixtures		Total
	Public	Private	Public	Private	Fixture Units
Bathtubs and shower	4	4			
Shower, per head	2	2			
Dental units or lavatory	1	1			
Dishwasher	2	2			
Drinking fountain (each head)	1	0.5			
Hose bibb (interior)	2.5	2.5			
Laundry tub or clothes washer	4	2			
Sink, bar or lavatory	2	1			
Sink, kitchen	3	2			
Sink, other (service)	3	1.5			
Sink, wash fountain, circle spray	4	3			
Urinal, flush valve, 1 GPF	5	2			
Urinal flush valve, >1 GPF	6	2			
Water Closet, tank or valve, 1.6 GPF	6	3			
Water Closet, tank or valve, >1.6 GPF	8	4			
			TOTAL F	IXTURE UNITS	
RCE - 20 fixture units equals 1.0 RCE	(1 RCE = \$1.	.257.00)	Total Fix	cture Units ÷ 20) =
-			\$		
GFC (General Facility Charge)		IOIAL =	Φ	<u> </u>	
RCE – (ULID #2) 20 fixture units equa	als 1.0 RCE (1 RCE = \$1,22	2.00) Total Fix	xture Units ÷ 20) =
TFC (Treatment Facility Charge)		TOTAL =	: \$		
I certify that the information provided is cobased on this information. Any deviation we revised charge.					
Owner Signature	Date				
Or					
Authorized Agent	A	uthorization			
Authorized Agent Authorization Signature					